

Bulletin Number: MSA 13-07

Distribution: All Providers

Issued: March 1, 2013

Subject: Beneficiary Monitoring Program (BMP)

Effective: April 1, 2013

Programs Affected: All Medicaid programs

The purpose of this bulletin is to inform Medicaid providers of changes to the Beneficiary Monitoring Program (BMP). State and federal regulations require the Michigan Department of Community Health (MDCH) to conduct surveillance and utilization review of Medicaid benefits to ensure the appropriate amount, scope, and duration of medically necessary services are being provided to Medicaid beneficiaries. The MDCH BMP is designed to meet the requirements by:

- Identifying beneficiaries who appear to be overusing and/or misusing Medicaid services,
- Evaluating services to determine whether they are appropriate to a beneficiary's medical condition(s), and,
- Working to educate beneficiaries of the appropriate utilization of Medicaid services.

MDCH has modified the BMP due to recent system upgrades by the Michigan Department of Human Services (DHS) to the Bridges benefit eligibility system and by MDCH to the Community Health Automated Medicaid Processing System (CHAMPS). The result is a more streamlined and efficient BMP.

Modifications to the BMP include the following points:

- New capabilities of the systems now allow for a beneficiary who loses Medicaid eligibility while enrolled in the BMP to be identified and re-enrolled in the BMP when they re-apply for benefits.
- The new systems are capable of BMP enrollment of a beneficiary who is enrolled in a Medicaid Health Plan so management of a BMP member will now be conducted by the MHP.
- The ability to concurrently assign more than one health care provider to a BMP member and to assign the BMP member to a single pharmacy.
- Beneficiaries who are enrolled in the BMP will be clearly identified in CHAMPS with a BMP benefit plan ID for dates of services after May 1, 2012.
- A hyperlink in the CHAMPS eligibility inquiry response that will contain the BMP authorized provider(s) information. When no authorized providers are listed, the beneficiary will be restricted to a pharmaceutical refill tolerance only.

- Refinement of the BMP enrollment criteria that generally follows the criteria outlined in current policy and include:
 - Various types of fraud
 - Inappropriate use of emergency department services
 - Inappropriate use of physician services
 - Inappropriate use of pharmacy services
 - Inappropriate use of Medical transportation services

Beneficiary notifications and their rights to appeal have not changed except beneficiaries no longer have the right to appeal their placement in the BMP because placement in the BMP does not suspend, reduce, or terminate any benefits or services. Services which are exempt from the BMP and the standards for being a primary provider have not changed.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Director
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